

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155570</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/06/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>PLEASANT VIEW LODGE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>7476 W LANE RD</b> <b>MC CORDSVILLE, IN 46055</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 08/06/12</p> <p>Facility Number: 000477 Provider Number: 155570 AIM Number: 100290860</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this Quality Assurance Walk-thru survey, Pleasant View Lodge was found in compliance with 410 IAC 16.2-3.1-19(ff)</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors with battery operated smoke detectors in 22 resident sleeping rooms and a hard wired smoke detector in 1 resident room. The facility has a capacity of 48 and had a census of 38 at the time of this visit.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. The Administrator's office is an unsprinklered, detached 14 x 70 foot mobile home. Additionally, the facility has a unsprinklered, detached 2 story wood frame pole barn housing a generator, sprinkler storage tank</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	<p>Continued From page 1</p> <p>and fire pump; an unsprinklered, detached 2 car garage used for oxygen storage; and an unsprinklered, 2 story wood barn used for housing a lawn mower/tractor and a snow blower.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/14/12.</p>			K 000			